United Nations E/2009/NGO/8

Economic and Social Council

Distr.: General
13 May 2009

Original: English

Substantive session of 2009
Geneva, 6-31 July 2009
Item 2 (b) of the provisional agenda*
Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

Statement submitted by IPAS, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-33607 (E) 180509

Please recycle

Statement*

As an organization focused on women's health, we welcome the theme for the 2009 ECOSOC Annual Ministerial Review on implementing the internationally agreed goals and commitments in regard to global public health.

Eliminating unsafe abortion is necessary to achieve Millennium Development Goal (MDG) 5 to improve maternal health and is a major public health problem affecting over a hundred million women during their reproductive years. In a five-year review of the International Conference on Population and Development (ICPD) Programme of Action (PoA) in 1999, the United Nations issued this call to action: **"In circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible".** This was reaffirmed by the United Nations Commission on Population and Development in April 2009.

We can point to a number of achievements in work towards these goals. In 2003, the World Health Organization issued *Safe Abortion: technical and policy guidance for health systems*, a resource that paved the way for a number of countries to develop and disseminate national standards and guidelines on the scope and quality of abortion care. Other organizations and medical groups have issued clinical and ethical guidance on abortion, including the International Federation of Gynecology and Obstetrics (FIGO) and the International Confederation of Midwives.

Additionally, expanding women's access to high-quality post-abortion care — treatment of abortion complications linked to post-abortion family planning and other critical reproductive health services — has been an important development toward saving women's lives. Despite these improvements, much remains to be done in order to achieve MDG 5 and fulfill the ICPD PoA. Making safe abortion accessible to women worldwide can contribute significantly to achievement of the other MDGs as well. We therefore call on the global community to take the following priority actions:

- Work to change the conditions that lead to unwanted pregnancies, including poverty, lack of gender equity, sexual violence and lack of access to contraception.
- Ensure that women, especially those who are most vulnerable, have access in their communities to the full range of reproductive health care, including effective and affordable methods of contraception, post-abortion care, and safe abortion, in accordance with their human rights.
- Establish, preserve and fully implement laws, norms and regulations that make modern contraceptive methods, including emergency contraception, and safe, legal abortion accessible and available to every woman who chooses it, free from the threat of violence or coercion.
- Train more health-care providers, especially mid-level health professionals such as nurses and midwives, in clinical procedures and counselling for abortion care.

* Issued without formal editing.

- Promote multi-sectoral, South-South and South-North collaborations in the field of sexual and reproductive health and rights in order to ensure that global and local tools and experiences benefit women in all parts of the world.
- Ensure that these efforts receive sufficient financial support.

United Nations E/2009/NGO/9

Economic and Social Council

Distr.: General
18 May 2009

Original: English

Substantive session of 2009
Geneva, 6-31 July 2009
Item 2 (b) of the provisional agenda*
Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

Statement submitted by Gray Panthers, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-34152 (E) 200509

Please recycle

Statement*

The world is a global community. People encounter increasing risk of epidemic disease outbreak, natural disasters, and hazard pollution. No single country can resolve its public health problem without the cooperation of the others. Global financial crisis, food crisis, and climate change crisis add more challenges to global public health with limited international financial aid commitment. Gray Panthers offer the following global public health recommendations.

- Each country has primary responsibility for its public health. Government needs to involve people in all sectors in policymaking and implementation. An inclusive policy with accountability and transparency will win support of people and global financial partners. A non-governmental organization (NGO) can input ideas and oversee implementation.
- Educate people about clean water and hygiene to prevent infection. Educate them about healthy diet, physical activity, environmental health, mental health and social activity for disease prevention and good quality of life.
- Use information and communications technology in education, information-sharing, conferencing and billing. Knowledge empowers people. It helps doctors treat patients more effectively. An effective and secured database system not only saves money by requiring fewer clerks but takes the billing hassle away from doctors and patients.
- Build a service credit system. In this global financial crisis, a lot of people are losing jobs. With proper training, people can help take care of patients and earn service credits for exchange of their future care.
- Give incentives and build a good volunteering system.
- Pay medical school tuition for doctors and nurses for the exchange of service in rural areas after graduation.
- Increase sale tax on tobacco and alcohol to discourage consumption. Impose regulation of higher medical fee for smoker and alcohol abuser.
- Punish the environment hazard polluters and ask them to pay for their action.

Gray Panthers believe health care is a human right. Every human being has the right of basic health care and medical treatment. We advocate for environmental justice. The United Nations has a responsibility to evaluate the agreed implementation status and to be sure of the proper use of financial aid. Learning from the successful countries, constant discussion with the irresponsible government and all the stakeholders, setting regulations, with the help of global partners and NGOs, the United Nations can achieve the Millennium Development Goals.

* Issued without formal editing.

United Nations E/2009/NGO/10

Economic and Social Council

Distr.: General
18 May 2009

Original: English

Substantive session of 2009
Geneva, 6-31 July 2009
Item 2 (b) of the provisional agenda*
Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

Statement submitted by Alulbayt Foundation, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-34167 (E) 200509

Please recycle

Statement*

The relevance of spiritual health care (6-9 July 2009)

A key aim of the ECOSOC health agenda is to meet the urban health challenge which is identified as poor living conditions in urban and peri-urban areas which are destroying lives, health, and social and moral values. And improvements in urban health will depend on coordinated action by all levels of government, health care providers, businesses, religious groups, social and educational institutions and citizens to remove problems such as drug abuse, violence and crime that indicate underlying social disorders. We would like to propose a greater emphasis placed on spiritual health care to alleviate these moral problems and social disorders.

By spiritual health care we do not merely mean a theological or worship-based spirituality. We advocate a wider definition of spirituality which is ethical, psychological and focused on understanding the self and one's personhood. This is based on the philosophy of Ali ibn Abī Tālib (the first Shi'a Imam, son-in-law and cousin of Prophet Muhammad) who said that he who truly knew himself, had known his Lord. Arguably, the idea behind this narration is to emphasize journeying within one's self to understand one's origin. Aside from the issue of belief, what is significant here is acquiring an inner worth with one's character. This is crucial to prevent social disorders which lead to crime, moral apathy, depression and a lack of direction in life.

Zayn Al-'Ābidīn (the fourth Shi'a Imam and grandson of Prophet Muhammad) uniquely stated even our organs have rights against us: "Your hands and stomach have rights against you." The deeper meaning behind this is to foster greater responsibility in human beings to be aware of actions they commit against themselves and each other.

In fact, the potential of spirituality has been elucidated by various scholars including Puchalski who stated that spirituality could be defined as whomever or whatever gives one a transcendent meaning in life. This is often expressed as religion or relationship with God, but it can also refer to other things: nature, energy, force, belief in the good of all, belief in the importance of family and community. The spirit is the essence of the person — what makes him or her unique. Milton W. Hay builds on such definitions and believes health-care staff can diagnose spiritual suffering in the following categories:

- Spiritual Suffering — interpersonal and/or intra-psychic anguish of unspecified origin
- Inner Resource Deficiency — diminished spiritual capacity
- Belief System Problem — lack of awareness of one's personal meaning system
- Religious Request — a specifically expressed religious request.

* Issued without formal editing.

In conclusion, Alulbayt Foundation proposes a practical application of spiritual health care by:

1. Promoting spiritual health care in palliative medicine for terminally ill patients who undergo physical and psychological suffering. The World Health Organization does not acutely define spirituality in terms of the self, personhood or soul.

2. Encouraging techniques of reflection and personal awareness within schools and the community to prevent social disorder.

3. A re-definition of suffering that doesn't just focus on elimination but management with inner worth.

United Nations E/2009/NGO/11

Economic and Social Council

Distr.: General
19 May 2009

Original: English

Substantive session of 2009
Geneva, 6-31 July 2009
Item 2 (b) of the provisional agenda*
Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

Statement submitted by World Vision International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-34305 (E) 210509

Please recycle

Statement*

Maternal, Newborn and Child Health: Why urgent action is needed to achieve Millennium Development Goal (MDG) 4 in times of global crisis

We are concerned about the impact of the financial crisis on the health and survival of children in the poorest communities in the world.

As the financial crisis unfolded over the last year, donors and developing countries alike began to recognize that it could become a devastating social crisis, pushing a further 46 million people deeper into poverty in 2009 alone and taking the lives of an additional 2.8 million children before 2015. It is a worldwide recession that is impacting the most vulnerable countries, affecting those who did not play any part in its making. Concerted action is needed now to get the Millennium Development goals for child and maternal mortality back on track and ensure that current development gains are not lost.

We call on donor governments and developing countries to:

- prioritize children's and women's health in their plans addressing the financial crisis; *and*
- safeguard and expand funding for preventive health care at the primary level to ensure that women and children are more effectively targeted

Experiences from previous economic downturns in countries like Argentina, Indonesia and the Russian Federation have shown that women and children were among the worst-affected as governments were forced to slash health budgets. During times of recession, infant- and under-five mortality rises as fewer children have access to basic health services. At these times, support for preventive healthcare can be sacrificed for the immediate and visible results of curative care.

Its impact is being felt right now – Margaret Chan, Director–General of the WHO, noted that at least seven countries in Africa, are planning to cut their health budgets.[1] Coupled with the current food crisis, the effect on children is clear – they are more likely to be malnourished and susceptible to disease, be forced out of school to work and do without essential health care. In countries where HIV and AIDS and TB rates are high, the impacts will be far greater.

We call on developing countries to:

- adopt comprehensive health strategies based on the principles of primary health care, that grant high priority to community- and district-level maternal, neo-natal and child health and nutrition services for the poorest and most marginalized segments of society; *and*
- Ensure that cost is not a barrier to accessing essential healthcare services for pregnant women and children

Research and on-the-ground experience has shown that low-cost interventions at the community and district levels can prevent three in five child deaths and nearly four in five maternal deaths.[2]

This crisis can provide the opportunity for health reforms that strike the right balance between preventive and curative healthcare, and which benefit the poorest women and children. Investing in primary healthcare is a big step in that direction, through an approach that is based on equity, inclusion of the most poor and marginalized and which recognizes the social and economic determinants of health.

---

* Issued without formal editing.

[1] Statement by WHO Director-General, Dr. Margaret Chan, 1 April 2009.

[2] World Vision (2009) Why the G8 matters to children. World Vision International.

We call on donor governments to:

- Fast track aid and budget disbursements for high priority, shovel-ready programs that strengthen health systems and delivery of essential health services to the poorest populations, and scale-up of Preventing Mother-to-Child Transmission (PMTCT) services and responses to malnutrition;

- publish a timeline for disbursing aid to meet current commitments; and

- increase development assistance for primary health care programmes that prioritise women and children to at least $15 billion a year by 2010

In developing countries, women and children are among the most vulnerable, and must be immediately targeted and protected from the worst of the economic crisis. Therefore, we welcome the World Bank's commitment to triple its support to US$ 3.1 billion this year to strengthen health systems and improve child and maternal health.

Most donor countries have increased their aid contributions but as they look to tighten budgets, there is a real danger that, going forward, aid commitments may be lowered or actual disbursements may decline. In fact, several are yet to fulfill their promises. The G8 is off-track in its commitment to increase aid to $130 billion per year by 2010.[3] With many poor countries relying on external aid to fund 30% or more of their health budgets, disbursing promised aid is a matter of urgency.

[3] Ibid.